

INFORMATION DISCLOSURE CITATION

ATTY. DOCKET NO.
4-31180B
APPLICATION NO.
10/601,690
APPLICANT
László Révész
FILING DATE
JUNE 23, 2003

Group 1624



U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
WR	AA	5,739,143	4/14/98	Adams et al.	544	275	12/11/96
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES NO	
WR	AM	95/13067	5/18/95	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AN	97/05878	2/20/97	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AO	99/21555	5/6/99	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AP	00/09506	2/24/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AQ	00/63204	10/26/00	WO			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

WR	AR	Rasmussen, PubMed Abstract, Dan Med Bull, Vol. 47, No. 2, pp. 94-114 (2000).
	AS	
	AT	

EXAMINER

DATE CONSIDERED

7/14/04

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)



FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
DP	CA	00/64894	11/2/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
DP	CB	00/69848	11/23/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CC						<input type="checkbox"/>	<input type="checkbox"/>
	CD						<input type="checkbox"/>	<input type="checkbox"/>
	CE						<input type="checkbox"/>	<input type="checkbox"/>
	CF						<input type="checkbox"/>	<input type="checkbox"/>
	CG						<input type="checkbox"/>	<input type="checkbox"/>
	CH						<input type="checkbox"/>	<input type="checkbox"/>
	CI						<input type="checkbox"/>	<input type="checkbox"/>
	CJ						<input type="checkbox"/>	<input type="checkbox"/>
	CK						<input type="checkbox"/>	<input type="checkbox"/>
	CL						<input type="checkbox"/>	<input type="checkbox"/>
	CM						<input type="checkbox"/>	<input type="checkbox"/>
	CN						<input type="checkbox"/>	<input type="checkbox"/>
	CO						<input type="checkbox"/>	<input type="checkbox"/>
	CP						<input type="checkbox"/>	<input type="checkbox"/>
	CQ						<input type="checkbox"/>	<input type="checkbox"/>
	CR						<input type="checkbox"/>	<input type="checkbox"/>
	CS						<input type="checkbox"/>	<input type="checkbox"/>
	CT						<input type="checkbox"/>	<input type="checkbox"/>
	CU						<input type="checkbox"/>	<input type="checkbox"/>
	CV						<input type="checkbox"/>	<input type="checkbox"/>
	CW						<input type="checkbox"/>	<input type="checkbox"/>
	CX						<input type="checkbox"/>	<input type="checkbox"/>
	CY						<input type="checkbox"/>	<input type="checkbox"/>
	CZ						<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER

Daniel Lang

DATE CONSIDERED

7/14/04

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